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Esophageal Pain Misdiagnosed as Angina Pectoris

A PATIENT may say that he or she has pain in the chest and this pain may be described as similar to the pain of angina pectoris. . . . Physicians may do a great disservice to their patients if they do not clearly define the nature of chest pain. Angina pectoris is, of course, typically caused by myocardial ischemia and is a deep, frightening, sometimes crushing type of pain in the chest which may radiate to the jaw, to the shoulders or down the arm. Esophageal pain is extremely similar in its descriptions and . . . in its radiation. The only way we can really distinguish the one from the other is by noting the associations. The situation arising from the esophagus and causing symptoms is usually associated, at some point or other in the history, with dysphagia. The pain of heart disease is usually, but not always, associated with activity; it may be associated with eating. . . . With these associations we can distinguish one from the other and it is extremely important to do so. It would be a great disservice if a patient has myocardial ischemia and we treat it lightly. . . . We do a patient just as great a disservice if esophageal spasm is the problem and we treat it too seriously by calling it angina pectoris. There may be as many lives being ruined in the social and personal sense by having a condition misdiagnosed as angina pectoris as there are lives threatened by a failure to diagnose angina pectoris.

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